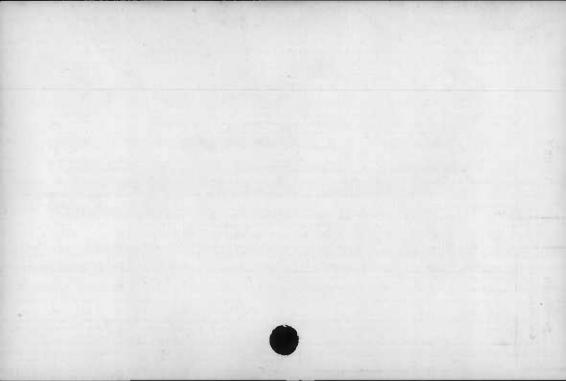
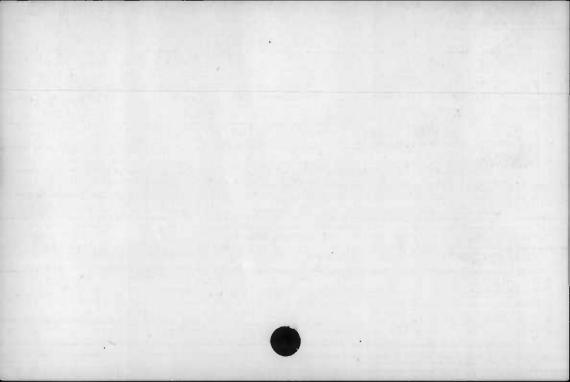
Name in Full Died at Date of death 19/0 6 Color or ANSWERED Occupation Where Residing if not at place of death Married, Single Acres Elizabeth Calterine Barusley or Widowed TO BE Father's Name Birthplace Morelo, los Med Name of person giving How related to deceased In formation CAUSES OF DEATH histaulouxous PHYSICIAN RON Are the name, age, sex, color, date Signature of Forgellow. and place correctly given above? Physician Address SH Accident or Suicide? LIBRARY SUB



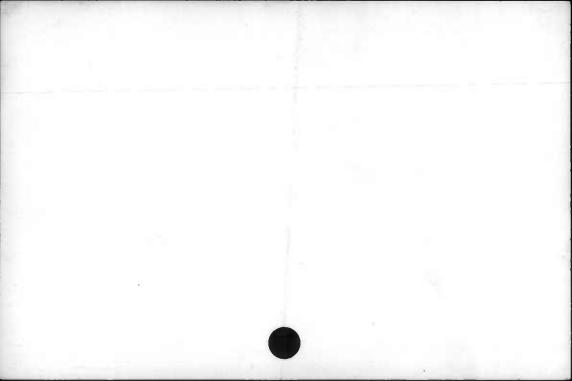
Name in Full CERTIFICATE OF DEATH County Monty MARYLAND Month Months Days Date Age of death 19/0 0 Color or Birth-ANSWERED FRIEN place Race Occupation Where Residing if not at place of death NEAREST Married, Single Name of Wire or Husband or Widowed TO BE Father's Father's Birthplace Name Mother's Motker's Birthplace How related Name of person giving/ to deceased In formation CAUSES OF DEATH Primary now long How long CORONER PHYSICIAN Immediate Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address OR Accident or Suicide? LIBRARY BUREAU ASSES



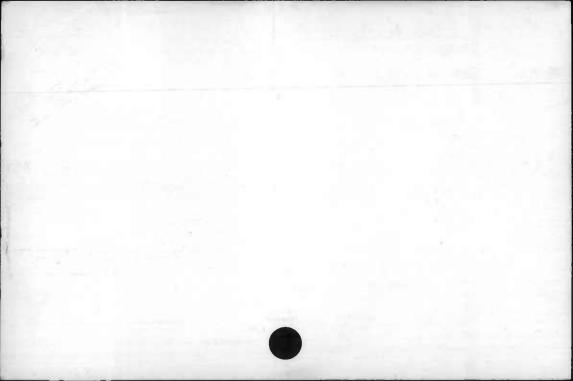
Name Full CERTIFICATE OF DEATH County MARYLAND Months Days X Color or Raca Birth-ANSWERED FRIEN place Occupation Whara Residing if not st place of death REST Marriad, Single Name of Wifa or or Widowed Husband Father's Fathar's Birthplece Mother's Mother's Maiden Name Birthplace Name of parson giving How releted Information to deceased Primary ORONER How long PHYSICIAN **Immediate** Signature of Are the name, age, aex, color, date and place correctly given above? Physician Address Accident or Suicide OFFICE SUPPLY CO., 11-16-08

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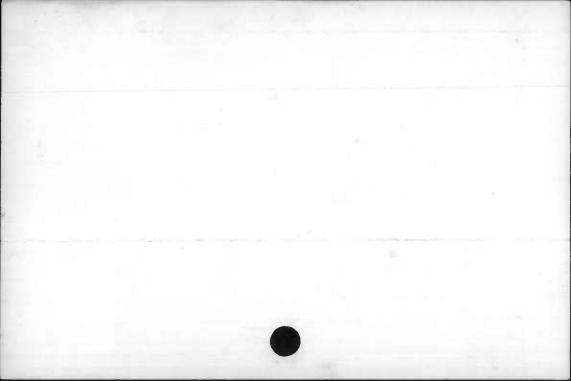
Name CERTIFICATE OF DEATH Full MARYLAND Montha Date Age of death 191 ۵ Birth-Color or Z ANSWERED FRIE Sex place Occupation Whare Residing if not atrolace of death Married, Single ш or Widowed EAR Father's Father's Birthplace Name Mother's Mother's Maiden Name Birthplace How related Name of person giving Information to deceased CAUSES OF DEATH How led ᄪ How long PHYSICIAN NO Immediate OR Are the name, age, sex, color, date and place correctly given above? Signature of Physician ŏ Address œ Accident or Suicida OFFICE SUPPLY CO., 2284



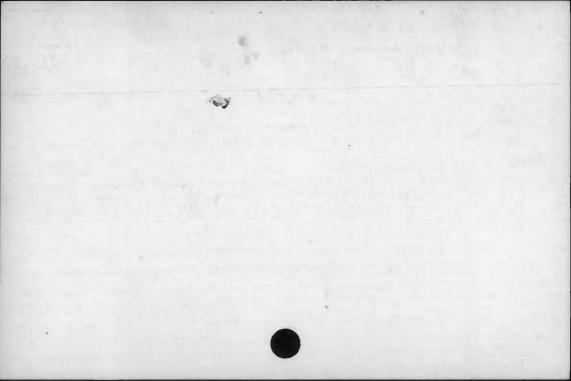
Name Full Died at Months Date of death 190 ۵ z place place of death Name of Wife or Husband or Widowed Father's Name Mother Name of person giving Information CAUSES OF DEATH Œ How lon z Z 0 č Are the name, age, sex, color, date Signature of Physician and place correctly given above? Address Œ Accident or Suicide



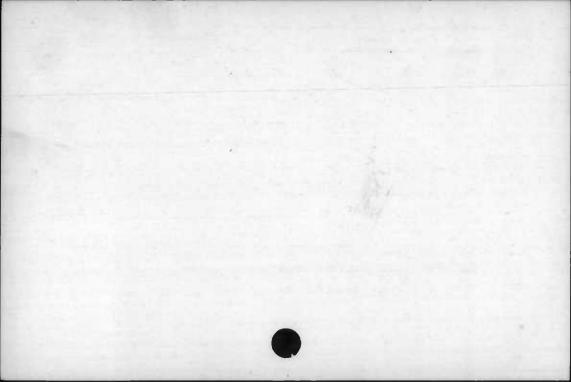
Name CERTIFICATE OF DEATH County Sandy Spring gomen MARYLAND Days Date of deeth 1900 Color or ANSWERED Colord Race = Occupation Where Residing if not Sandy Spring Farmer Merried, Single Name of Wife or or Widowed Husband Fether's Birthplace Brighton Mother's Mother'e Meiden Neme Birthplece Neme of person giving How releted none Information to deceased Primary How long Phiretic infusion ORONER PHYSICIAN Signature of Are the neme, ege, sex color, date and plece correctly given above? Physician Œ Accident or Suicide OFFICE BUPPLY CO., 11-15-08



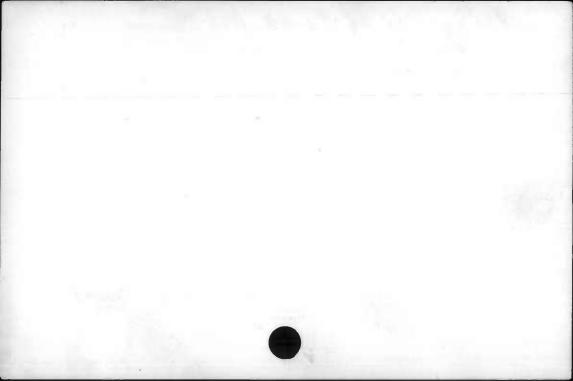
Name in Full. Died at MARYLAND Days Day Months Date of death 190 FRIEND Color or Race ANSWERED Occupation Where Residing if not at place of death NEAREST Married, Sm BE Father's Name Birthplace 10 Mother's Mother's Birthplace Maiden Name Name of person giving In formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of Physician and place correctly given above? OB Accident & Suicide? LIBRARY GUREAU ASSESS



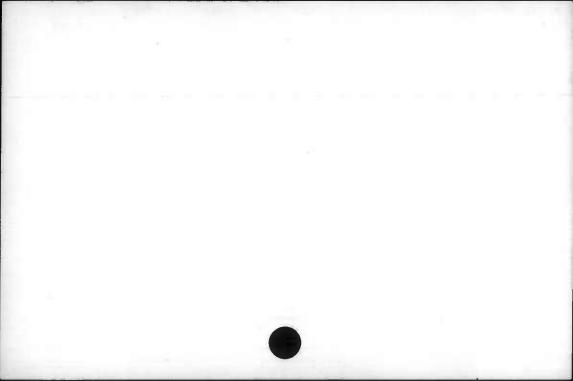
Mame in Full	Sarul. 7	ec		DERTIFICATE OF DEATH
	Died at Sugar Rang ky musty			MARYLAND
ANSWERED BY	Date of death 1969	Day Age 60	Mont	hs Days
	Sex Jurale	Color or Jego	Birth- place kee	ulgto. ked.
	Occupation Day Laborer a fall at place of death			
	Married, or Widowed	Name of lie of Husband Warl	ta fee	
TO BE	Father's Name	nd	Father's Birthplace	
F	Mother's Maiden Name	eard	Mother's Birthplace	
	Name of person giving In formation	alla hee	How related to deceased	luxe
		CAUSES OF DEATH		
	Primary Cecute	Precurous	How long	la
CIAN	Immediate Oeth	ema	How long	da
PHYSICIAN R CORONE	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	. D Avae	selle. D
9 R		Address Address	Davou	volte led,
	Accident or Suicide?			
	1 .		LIE	RARY BUREAU ASJOIS



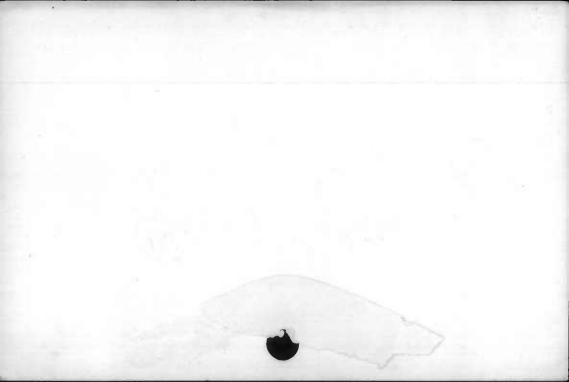
Name Full CERTIFICATE OF DEATH County MARYLAND Months Days Color or Birth-ANSWERED FRIEN Race place Where Residing if not at place of death EAREST Name of Wif Husband -as Widowed BE Father's Father's 2 Birthplace Neward Mothar'a Mother's Maiden Name Name of person giving How related Information to deceased Primary Œ How long ORONE PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and piece correctly given above? Physician ŭ Address S Accident or Suicide OFFICE SUPPLY CO., 2284



Name in Full	A Lange & Election	A P. Tewen	marrets.	CERTIFICATE OF DEATH
TO BE ANSWERED BY NEAREST FRIEND	Died at Sand Spr. Month	ng Day	1 1	MARYLAND Months Deva
	Date of death 190 0 4		Age Still S	inth
	Sex male	Color or Race Hh	ite	Birth- place & andy Spring
	Occupation Inne		Where Realding if not et place of death	
	Married, Single or Widowed	Neme of Wife or Huebend	•	
	Father's J. D. Leigear		Father's Birthplace Mouly Co, Mo	
	Mother's Maiden Name Polizabell Robison		Mother's Birthplece Caryland	
	Neme of person giving H. D. Leugear		How related Falter	
		CAUSES	OF DEATH	(8)
	Primary Unknown	, 7		Howlong
PHYSICIAN OR CORONER	Immediate Unknow	m Stie	e Birth, a	How long
	Are the name, age, sex, color, date end place correctly given ebova?	Hed Sign		M. Bil m.O.
			Address	ndy Sping Ind
	Accident or Suicide			OFFICE SUPPLY CO. 2284



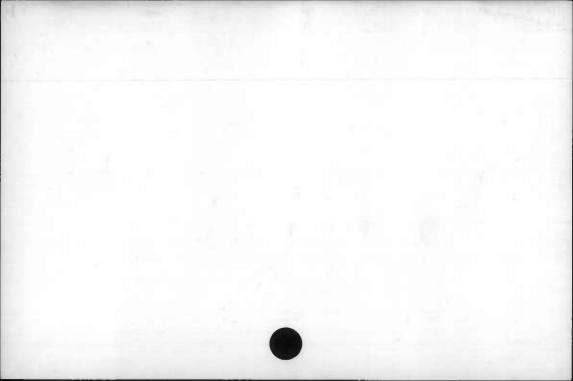
Name H Me E MARYLAND Months Day Date 8 of death RIEN Color or Birth-ANSWERED Race place Occupation Where Residing if not L at place of death NEAREST Name of Wife or Vidowed TO BE Father's Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving How related Information to deceased CAUSES OF DEATH Primary ORONER How long PHYSICIAN Are the name, age, sex, color, date Signature of Physician and place correctly given above? Address OR Accident or Suicide OFFICE SUPPLY CO. 2364



Name Full CERTIFICATE OF DEATH 7County MARYLAND Died at Months Days Date Age of death 190/ BY FRIEND Birth-ANSWERED Color or Sex Race place Occupation Where Residing if not at place of death REST Married, Single Name of Wife or or Widowed Husband TO BE EA Father's Father's Name Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving How related Information deceased CAUSES OF DEATH How long Primary ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date and place correctly given above? Signature of ŭ Physician Address Œ 0 Accident by Suicide OFFICE SUPPLY CO. 2364

Hundergher Hill May 20=10

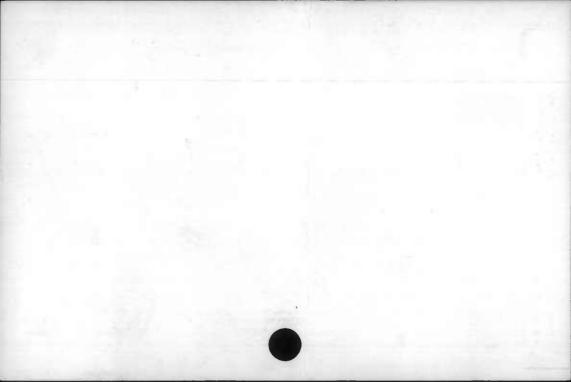
Name CERTIFICATE OF DEATH Full County MARYLAND Months Days Day Date BY of death 190 RIEND Birth-ANSWERED Color or Race place Occupation Where Residing if not at place of death EST Married, Single Name of Wife or ~ or Widowed Husband BE EA Father's Father's Lo Birthplace Name Mother's Birthplaca Name of person giving to deceased Information Primary ORONER PHYSICIAN Signature of Are the name, age, sex, color, date and place oprrectly given above? Upo Physician Address 00 0 Accident of Suicide accident OFFICE SUPPLY CO 2364



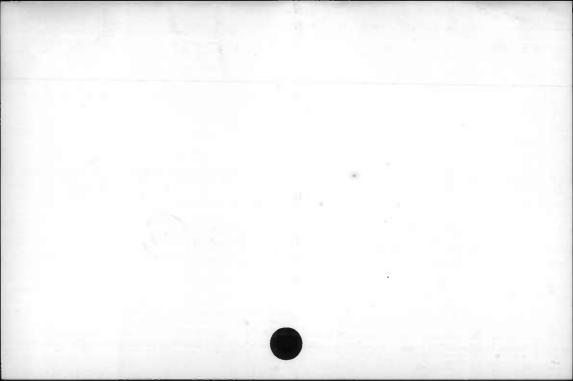
Name in Full CERTIFICATE OF DEATH Town Died at MARYLAND Months Date Age FRIEND Color or ANSWERED Race Sex Occupatio Where Residing if not at place of death REST Name of Wife or Married, Single Husband or Widowed NEAR TO BE Father's Father's Birthplace Name Mother's Mother' Birthplace Maiden Name How related Name of person giving to_deceased In formation CAUSES OF DEATH Primary How CORONER How long PHYSICIAN Immediate Are the name, age, sex, color. date Signature of and place correctly given above? Physician Addrese BO Accident or Suicide? LIBRARY BUREAU ASSSIS

Mr Go. Mason.
(Col)
Undertaker

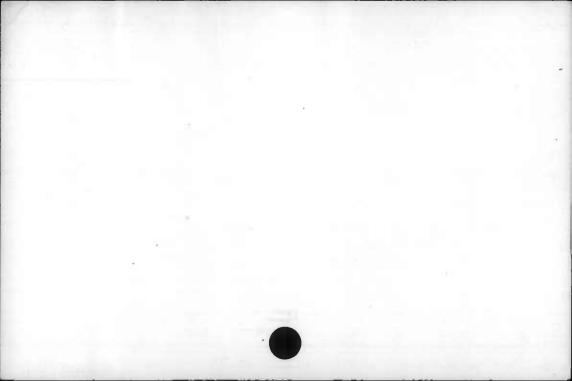
Name Full CERTIFICATE OF DEATH County MARYLAND Died at onths Days Date of death 1900 Age ВY RIENI Birth-ANSWERED Color or Race place Occupation Where Residing if not at place of death REST Married, Single Name of Wife or or Widowed Hushand TO BE EAI Eather's Father's Birthplace Name Mother's Mother's Maiden Name Birthplace Name of person giving How related Information to deceased CAUSES OF DEATH Howtone Primary ORONER How long PHYSICIAN Immediate Signature of Are the name, age, sex, color, date and place correctly given above? Physician Address SR Accident or Suicide OFFICE SUPPLY CO. 2364



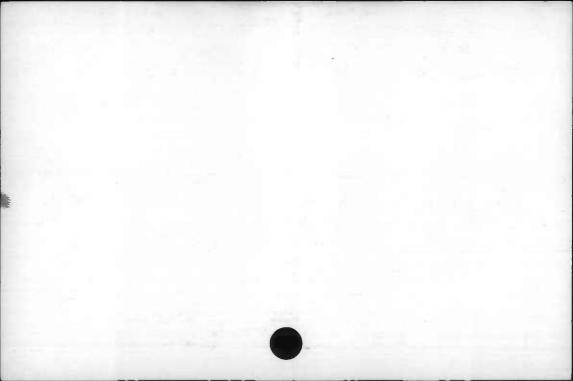
Died at Brook Grown Day Marths Date of death 1900 Age Died at Brook Grown Day Marths Marths	F DEATH
Date of death 1900 Age Age	
	Deys
tu C Occupation	m
at place of death Name of Wife or	
Father's Poly 1 Poly 1 Father's Md	
Neme Name Dissis Rithplace Mother's Maiden Name Dissis Michael Mother's Birthplace Mil	
Name of person giving But Palmer How related Justine	
CAUSES OF OEATH	
Mother had a fall I wee	~
Immediate Immediate Sulle 200 Are the name, age, sex, color, date and place correctly given above? Address Address	
and place correctly given above? And Physician Address	7
Accident or Suicide 220 _ OFFICE SUPPLY O	0. 2364



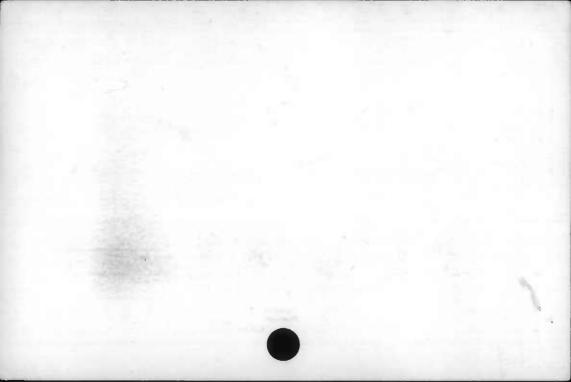
Name			
in Full	neuton Peirc		CERTIFICATE OF DEATH
TO BE ANSWERED BY NEAREST FRIEND	Died at Germanthum Date of death 1901 Probable 29	The Search Age 38	MARYLAND Months Deys
	Sex male Color or W Occupation & Rece W		Birth-Lumanthun
	Married, Single Lung Name of Wife or Widowed Husbend	at place of death	
	Father's Sunge Perce		Father's Birthplece Maryland
	Mother's Maiden Neme Mary ash	M	Mother's may cond
	Neme of person giving Supplied Per	de	How related to deceased
	CAUSE	S OF DEATH	28)
	Primary Pulminary De	iber culoses	Hom long 6 may
PHYSICIAN OR CORONER	Immediete Exhaustin	- P	How long 2 Weeks
		Signeture of Physician Address	atchism mal
		×y c	autherstring
	Accident or Suicide		OFFICE SUPPLY CO 2364

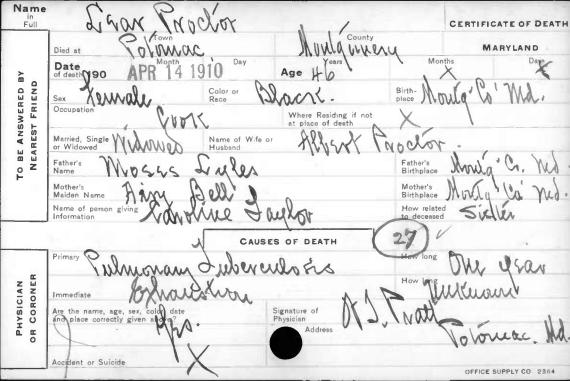


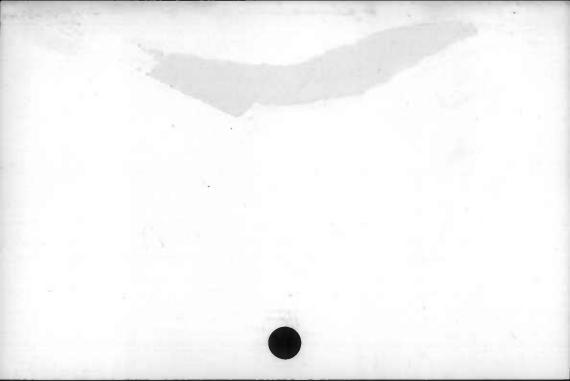
Name	1	
Full	no hause gre	CERTIFICATE OF DEATH
ANSWERED BY IEST FRIEND	Died at Clarketing bruse, County	MARYLAND
	Date of death 1900 Age Still Le	Months Days
	Sex Famale Color or White Birth-place &	Packstery Hed
≥ 14	Where Residing if not at place of death	
TO BE ANS	Married, Single or Widowed Name of Wife or Husban1	
	Fether's Name Hohn M. Pohr Either's Birthplace	
	Mother's Maiden Name Florence 4. Etchison Birthpleo	ce to layermy 1
	Name of person giving John M. Pohr How reliated to december to dec	
	CAUSES OF DEATH	
PHYSICIAN OR CORDNER	Primary How Ion	ng
	Immediate How Ion	ng
	Are the name, ege, sex, color, date and place correctly given above? Signature of Physician	rels
	Address Heliouks	but Mill -
	Accident or Suicide	OFFICE SUPPLY CO 2364



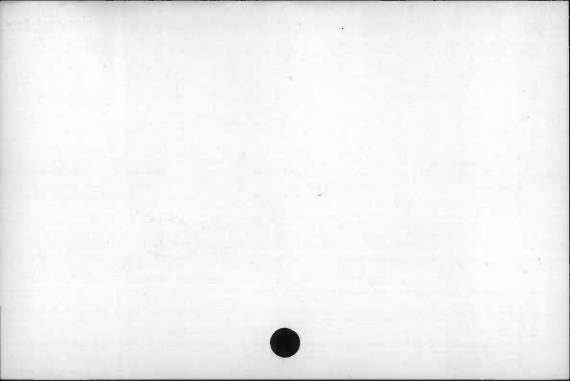
Name Full intrassed CERTIFICATE OF DEATH County MARYLAND Days Months Day Date of death 190/ FRIEND ANSWERED Birth-Color or Race place Occupation Where Residing if not at place of death REST Married, Single Name of Wife or or Widowed Husband TO BE NEAF Father's Father's Name Birtholace Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased Information CAUSES OF DEATH Primary ORONER How long PHYSICIAN Immediate Signature of Are the name, age, sex, color, date Physician and place correctly given abova? Address OR Accident or Suicide OFFICE SUPPLY CO. 2364



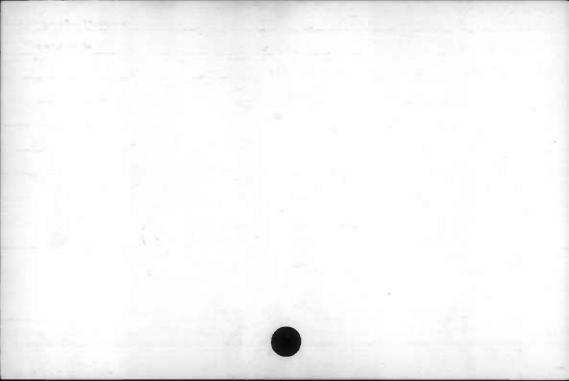




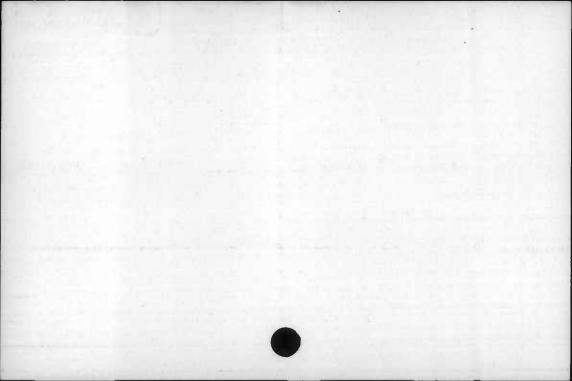
Name in Full	Alexander	CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Sandy Africag 16	County MARYLAND		
	Date of death 1900 Africal L. 9 Age	ars Months Days		
	Sex Female Color Colore	d Birth Secret floring		
	Occupation Where Residi	ng if not ath		
	Married, Single Surgle Name of Wife or Husband			
	Father's Bayword Rounds	Father's Birthplace Moult Con (Mos		
	Mother's Maiden Name Janie Rounds Wash	uglore Birthplace Morely Oco, Nos		
	Name of person giving Clevellyw Bist	How related Chiele		
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Not known	About Quos foctus		
	Immediate Still birth	How long		
	Are the name, age, sex, color, date and place correctly given above? Signature of Physician	Chas Forgular, 76.0		
	Address	Olever,		
	Accident or Suicide?	Alad.		
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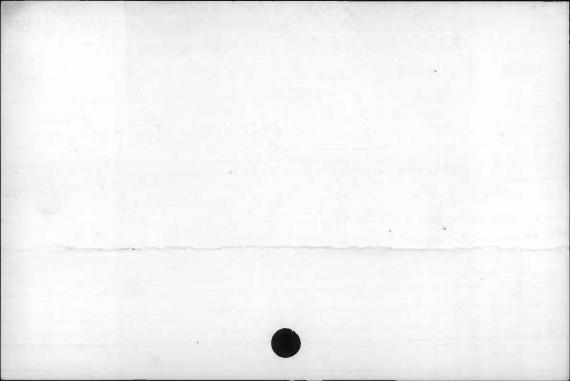
Name	D 19 C 8-000.			
Full	Kuth a Soffe County	CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	grunophon predendink to be be	MARYLAND		
	Date of death 1900 Capul 26 Age 65	ths Daya		
	Sex Penale Color or White Birth- Place 7	naryland		
	Henro Keeher Where Residing if not et piece of death			
	Married, Single Widow Name of Wife or Lander Saff	Ll.		
	Father's Name John Buruss Father'e Birthplace	maryland		
	Mother's Meiden Name Jama Horry Birthpiece	maryland		
	Name of person giving Clarle Saffle How related to decesses			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Revisions	2 Means		
	How long	7009		
	Immediete*	2 years		
	Are the name, ege, sex, color, date end place correctly given above? Signature of Physician	maine		
	Address	hershing		
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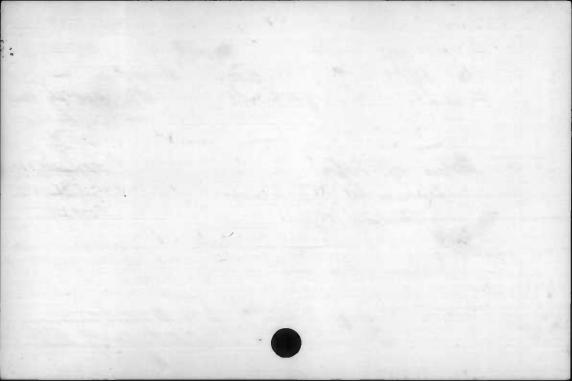
Name a. Lelleman in Full CERTIFICATE OF DEATH County mas Laylonsville untarm MARYLAND Months Date Days of death | 90 () Color or n huli Birth-ANSWERED FRIEN Occupation Where Residing if not at place of death Married, Single Name of Wife or Husband or Widowed Father's Name Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving How related nucan In formation to deceased CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Extraushon Are the name, age, sex, color, date Signature of 421 and place correctly given above? Physician Address S Laylons will mortan Accident or Suicide? LIBRARY BUREAU ASSSIS



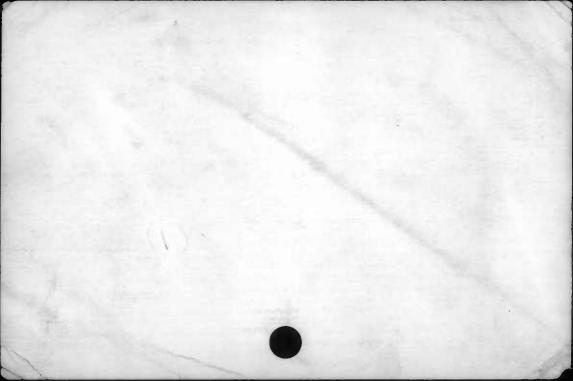
Name in Full. CERTIFICATE OF DEATH austin MARYLAND Months Days Date Color or ANSWERED FRIEN Occupation Where Residing if not 4nous at place of death REST Wiclowed Name of Wife or Husband Married, Single or Widowed BE Father's of- known Father's Birthplace Not-Name 0 Mother's Mother's Maiden Name Birthplace Name of person giving How related Sarale He Johnson How related to deceased In formation CAUSES OF DEATH Primary Long live suffored ER PHYSICIAN About one year NO Immediate OR Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address 00 Agdident or Suicide? LIBRARY BURE



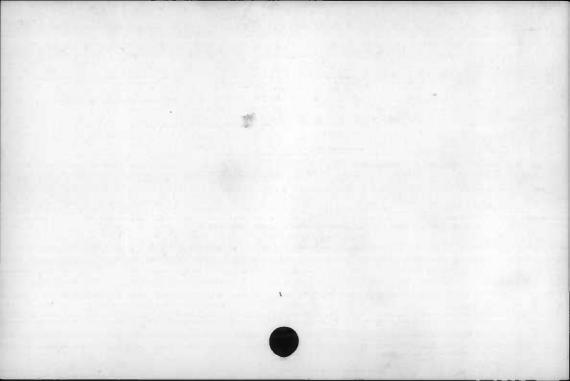
Name in Full CERTIFICATE OF DEATH MARYLAND Months Date Color or Birth-ANSWERED FRIEN Race Occupation Where Residing if not at place of death REST Married, Single Name of Wile or or Widowed NEAF TO BE Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH Primary ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address α Accident or Suicide? LIBRARY BUREAU ASHSIS



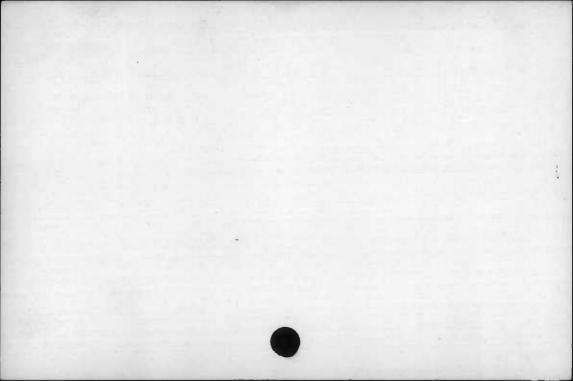
Mame Full CERTIFICATE OF DEATH County MARYLAND Months Date of death 190 Z Color or ANSWERED RIE Occupation Where Residing if not at place of death Married, Single Name of W fe or or Widowed Husban 1 TO BE Father's Father's Name Mothe Birthplace 1 Name of person giving How related Information to deceased How long 00 How long ORONE PHYSICIAN Signature of Are the name, age, sex, color, date and place correctly given above? Physician Address OR Accident or Suicide



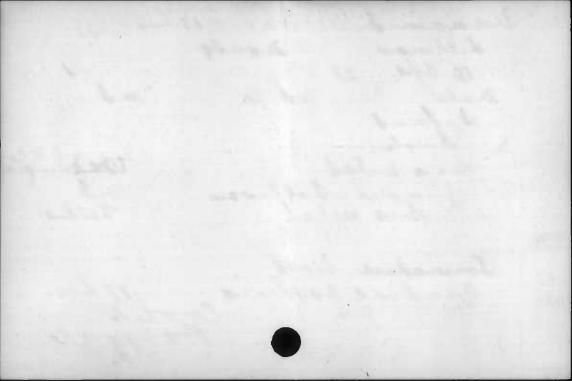
Name Ederel Milyere in Full CERTIFICATE OF DEATH Montaguer MARYLAND Day Date Age Birth-place Male Color or Race Maryland ANSWERED FRIEN Occupation Where Residing if not Co. nud Mone at place of death REST Name of Wife or Married, Single Lugle Husband BE Father's Mandand Birthplace Mother's Maiden Name Francy Louiss Mother's Birthplace Name of person giving Frederick Taylor How related to deceased CAUSES OF DEATH Primary Color Prumavonia & acute Kephriles How long PHYSICIAN Unewie Passoning ORONI Are the name, age, sex, color, date Signature of and place correctly given above? Physician 00 no Accident or Suicide? LIGHARY BUREAU AGGETS



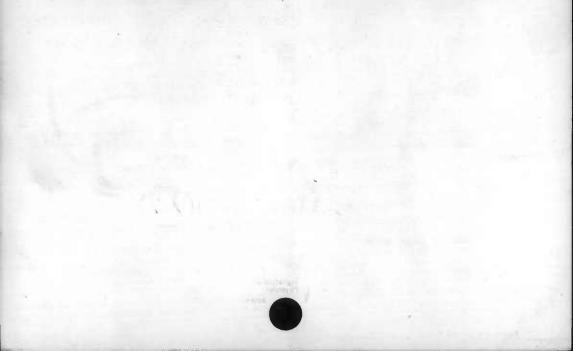
Name in Full	Q. B. Thompson	CERTIFICATE OF DEATH		
ANSWERED BY REST FRIEND	Died at Barnesvelle montgomery	MARYLAND		
		onths Days		
	Sex Male Color or White Birth-	maryland		
	Occupation Farm Hand Where Residing if not at place of death			
	Married, Single Widowll Name of Wife or Husband	V		
NEA NEA	Father's Name Pathoun Birthplace	md.		
ated	Mother's Maiden Name White Birthplace	md.		
	Name of person giving J. R. Yough How relate to decease			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary How long			
	Immediate Chr. Interstitial Nephritis Howlong			
	Are the name, age, sex, color, date and place correctly given above? Signature of Physician Physician			
	Address & H. Fore	gh-		
	Accident or Suicide?	will hid		
/		LIBRARY BUREAU ASSESS		



Name in Full CERTIFICATE OF DEATH Town MARYLAND Month Months Days Date Age BY Birth-Color/or ANSWERED FRIEN Race Occupation Where Residing if not at place of death Married, Single or Widowed Name of Wife or Husband BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long How long OR CORONER PHYSICIAN Immediate Are the name, age, sex, color. date Signature of Physician Address Accident or Suicide? LIBRARY BUBEAU ASSESS



Name Full MARYLAND Days ANSWERED z Color or Occupation Where Residing if not at place of death LS Name of Wife or Father's Mother's Mather's How related Information CAUSES OF DEATH How long œ How long RONE PHYSICIAN Are the name, age, sex, color, date 444 Signature of and place correctly given above? Address S Arcident or Suicide OFFICE SUPPLY CO. 2364



Name in Full CERTIFICATE OF DEATH County Pover ville MARYLAND Months Days Age Color or Birthz ы la. SWER Retired Physician Where Residing if not at place of death Z Married Single Marrier ⋖ Œ W Father'a Z Birthplaca Mother's Mothar's Caroline Briscoe Birthplace Nama of person giving How related mis to Copence Pyles to deceased Information CAUSES OF DEATH Primary 00 How long ardine asthenia lel. RON Immediete Are the name, age, aex, color, data Signatura of 0 and placa corractly given above ? Physician Address 0 med. Accident of Suicide OFFICE SUPPLY CO. 6-20--08

